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**BEFORE THE INSURANCE COMMISSIONER  
OF THE STATE OF UTAH**

**UTAH INSURANCE DEPARTMENT,**

Complainant,

vs.

**ACS HEALTH ADMINISTRATION INC.**

2828 N. Haskell Ave. Bldg 1, Fl 9  
Dallas, TX 75204-2954  
License # 103773

Respondent.

**STIPULATION  
AND ORDER**

**Docket No. 2015-011 LC  
Enforcement Case No. 3574**

**Judge Mark Kleinfeld  
Administrative Law Judge**

The Utah Insurance Department ("Department"), by and through its attorney, Perri Ann Babalis, Assistant Attorney General, and ACS Health Administration, Inc. ("Respondent"), a non-resident third party administrator, hereby stipulates and agree as follows:

**STIPULATION**

1. Respondent, ACS Health Administration Inc., is a non-resident third party

administrator, holding license number 103773. Respondent's mailing address is 2828 N. Haskell Ave. Bldg. 1, Fl. 9, Dallas, Texas 75204-2954.

2. Respondent admits that the Utah Insurance Commissioner has jurisdiction over Respondent and over the subject matter of this action.

3. Respondent acknowledges notice of agency action pursuant to Utah Code Ann. § 63G-4-210; further acknowledges that this Stipulation and Order is an informal proceeding pursuant to Utah Code Ann. § 63G-4-202; and waives the right to any hearing in this matter.

4. Respondent affirms that Respondent enters into this stipulation voluntarily and knowingly.

5. Respondent affirms that the only promises, agreements, or understandings the Respondent has obtained from the Department or from an agent or representative of the Department regarding this stipulation are contained herein.

6. Respondent acknowledges that Respondent has the right to be represented by legal counsel and Respondent has either sought the advice of an attorney or has voluntarily chosen not to do so.

7. The parties acknowledge that upon approval by the Respondent and the Department, this stipulation shall be made a part of the attached final Order, and shall be the final compromise and settlement of this matter, and is not subject to agency review, reconsideration, renegotiation, modification, appeal, or hearing.

8. The Department alleges that on or about July 2012 and January 2013, two (2) administrative actions were entered against Respondent, ACS Health Administration Inc., in the state of Nevada. The Department further alleges that it failed to notify the Utah Insurance Department of the administrative actions within 30 days of said actions.

9. The Department alleges that Respondent renewed its Third Party Administrator license with the Department in January 2014, and failed to disclose the two (2) administrative actions on the renewal application.

10. The Department alleges that these actions violate Utah Code Annotated, Sections

31A-25-203(2)(a) and 31A-2-202.

11. Without admitting fault but as full settlement of all of the issues raised in the stipulation, Respondent agrees as follows:

a. Respondent agrees to pay a forfeiture in the amount of \$500.00.

b. The forfeiture will be paid within thirty (30) days from the date the attached Order is entered.

DATED this 18<sup>th</sup> day of May, 2015.



Michael R. Festa, President  
ACS Health Administration Inc.  
Respondent

DATED this 18<sup>th</sup> day of May, 2015.

SEAN D. REYES  
Attorney General



Perri Ann Babalis  
Assistant Attorney General

Based upon the foregoing Stipulation, the Administrative Law Judge hereby enters the following:

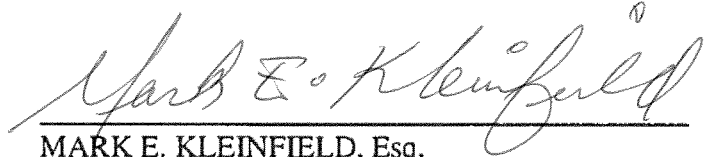
**ORDER**

IT IS HEREBY ORDERED:

1. Respondent, ACS Health Administration, Inc., is ordered to pay a forfeiture in the amount of \$500.00, due and payable within thirty (30) days from the date of this Order.

DATED this 19 day of May, 2015.

TODD E. KISER  
INSURANCE COMMISSIONER



MARK E. KLEINFELD, Esq.  
Administrative Law Judge  
Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800  
Email: [mkleinfeld@utah.gov](mailto:mkleinfeld@utah.gov)

**NOTIFICATIONS**

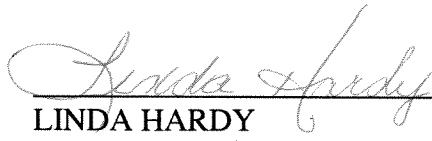
1. Respondent is hereby notified that failure to abide by the terms of this Order may subject you to further penalties, including additional forfeitures of up to \$2,500.00 per violation.
2. You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

CERTIFICATE OF MAILING

The undersigned hereby certify that on this date, a true and correct copy of the foregoing  
STIULATION AND ORDER was mailed, postage prepaid, to the following:

ACS HEALTH ADMINISTRATION INC  
ATTN KATHY BROWN CORP PARALEGAL  
2828 N HASKELL AVE FL 1  
DALLAS TX 75204-2954

DATED this 19<sup>Th</sup> day May, 2015

  
LINDA HARDY  
UTAH INSURANCE DEPARTMENT  
SATE OFFICE BUILDING, ROOM 3110  
SALT LAKE CITY, UT 84114-6901



## State of Utah

GARY R. HERBERT  
*Governor*

SPENCER J. COX  
*Lieutenant Governor*

# Insurance Department

## UTAH Invoice - Original

ACS HEALTH ADMINISTRATION INC  
ATTN KATHY BROWN CORP PARALEGAL  
2828 N HASKELL AVE FL 1  
DALLAS TX 75204-2954

Printed Date: May 19, 2015  
Invoice Date: May 19, 2015  
Balance Due: \$500.00  
Due Date: June 23, 2015  
Invoice ID: 771963  
Payor ID: 13153

Date	Item Description	Amount	
05-19-2015	Monetary Penalty Agency	\$500.00	E-Case 3574 Docket # 2015-011 LC

No Adjustments

No Payments

**Balance Amount Due \$500.00**

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## UTAH Invoice - Original

Make check payable to: Utah Insurance Department  
Send payment to:  
Utah Insurance Department  
3110 State Office Building  
Salt Lake City, UT 84114-6901

Invoice Date: May 19, 2015  
Balance Due: \$500.00  
Due Date: June 23, 2015  
Invoice ID: 771963  
Payor ID: 13153

E-Case 3574 Docket # 2015-011 LC

**Detach and Return this Voucher with Payment**  
**Payments Will Not Be Processed without Voucher**